|   |   |   |                |                                    |              |                  |      | l                  | Application or Docket Number |            |                     |                        |  |  |
|---|---|---|----------------|------------------------------------|--------------|------------------|------|--------------------|------------------------------|------------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003  |   |   |                |                                    |              |                  |      |                    | PD 97736 ~                   |            |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                |                                    |              |                  |      | SMALL<br>TYPE      | ENTITY                       | OF         |                     | R THAN<br>ENTITY       |  |  |
| TOTAL CLAIMS  |   |   | g              |                                    | ·            |                  |      | RATE               | FE                           |            | RATE                | FEE ·                  |  |  |
| FOR   |   |   | NUMBER FILED   |                                    | NUMBER EXTRA |                  |      | BASIC F            | EE 385.                      | 00 OR      | BASIC FEE           | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=      |                                    | •            |                  |      | X\$ 9:             | =                            | OR         | XS18=               |                        |  |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 =      |                                    | 9            |                  |      | X43=               |                              | OR         | X86=                |                        |  |  |
| ML  | ILTIPLE DEPEI                                 | NDENT CLAIM P                             | RESENT         |                                    |              |                  |      | +145:              |                              | OR         | +290=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |                |                                    |              |                  |      | TOTA               | - 38                         | ∫ OR       | TOTAL               |                        |  |  |
| CLAIMS AS AMENDED - PART II   |   |   |                |                                    |              |                  |      | CMAI               | L ENTIT                      | Y OR       | OTHER<br>SMALL      | 1                      |  |  |
| _   | <u>,                                     </u> | (Column 1)                                | r .            | (Colun                             |              | (Column 3)       | 1    | SWAL               |                              |            | SMALL               |                        |  |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |                | NUME<br>PREVIO<br>PAID F           | BER<br>USLY  | PRESENT<br>EXTRA |      | RATE               | ADD<br>TION/<br>FEE          | AL         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | - 19                                      | Minus          | -20                                | 2            | =                |      | XS 9=              |                              | OR         | X\$18=              | . /                    |  |  |
|   | Independent                                   | NTATION OF MI                             | Minus          | PENDENT                            | 3<br>ČLAIM   | =/               |      | X43=               |                              | OR         | X86=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                |                                    |              |                  |      | +145=              |                              | OR         | +290=               |                        |  |  |
|   |   |   |                |                                    |              |                  |      | TOTA               |                              | OR         | TOTAL<br>ADDIT. FEE |                        |  |  |
|   |   | (Column 1)                                |                | (Colum                             |              | (Column 3)       |      |                    |                              |            |                     |                        |  |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY   | PRESENT<br>EXTRA |      | RATE               | ADDI<br>TIONA<br>FEE         |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | •   | Minus          | **                                 |              | =                |      | X\$ 9=             |                              | OR         | X\$18=              |                        |  |  |
|   | Independent                                   | NITATION OF MI                            | Minus          | ENDENT                             | CL AINA      | -                |      | X43=               |                              | OR         | ·X86=               |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                |                                    |              |                  |      | +145=              |                              | OR         | +290=               |                        |  |  |
|   |   |   |                |                                    |              |                  | A    | TOTA<br>UDDIT. FEI |                              | OR ,       | TOTAL<br>ADDIT, FEE |                        |  |  |
|   |   | (Column 1)                                |                | (Colum                             |              | (Column 3)       | ,    | . •                |                              |            |                     | l                      |  |  |
| MEN.  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>JSLY   | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONA<br>FEE        |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total   | •   | Minus          | **                                 |              | =                | T    | X\$ 9=             |                              | OR         | X\$18=              |                        |  |  |
|   | indep nd nt                                   | •   | Minus          | *** '                              |              | =                | ŀ    | X43=               |                              | 1          | X86=                |                        |  |  |
|   | FIRST PRESE                                   | NTATION OF MU                             | 7(10-          |                                    | OR           | 7,00-            |      |                    |                              |            |                     |                        |  |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                               |   |   |                |                                    |              |                  |      |                    |                              | OR         | +290=               |                        |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE OR ADDIT. FEE |   |   |                |                                    |              |                  |      |                    |                              |            | TOTAL<br>DDIT. FEE  |                        |  |  |
| T   | he "Highest Num!                              | ber Previously Paid                       | For* (Total or | Independen                         | t) is the    | highest number   | tour | nd in the a        | ppropriate t                 | ox in colu | ımn 1.              |                        |  |  |